

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ERNEST CURRY

100 CARMAN AVE.

EAST MEADOW NY 11554

Plaintiff,

[Insert full name of plaintiff/prisoner]

-against-

NASSAU COUNTY FIRST PRECINCT
BALDWIN

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff ERNEST CURRY 100 CARMAN AVE.

If you are incarcerated, provide the name of the facility and address:

NASSAU COUNTY CORRECTIONAL FACILITY 100 CARMAN AVE.

EAST MEADOW NY

Prisoner ID Number: 17006590

U.S. DISTRICT COURT E.D.N.Y.
FILED
FEB 20 2018
LONG ISLAND OFFICE

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

CV-18 1130

JURY DEMAND

YES ☒ NO ☐

BIANCO, J.

SHIELDS, M.J.

RECEIVED

FEB 20 2018

EDNY PRO SE OFFICE

If you are not incarcerated, provide your current address:

24 JEFFERSON AVE ROOSEVELT NY 11575

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

these are more

Defendant No. 1

CONROY, SEAN SERIAL NO: 9258 COMMAND SQUAD 14

DETECTIVE DUX, KEVIN SERIAL NO: 7565 COMMAND 1st SQUAD
Full Name 15A

INVESTIGATING DETECTIVE
Job Title

FIRST PRECINCT BALDWIN 1st SQUAD CHART 15A SQUAD

Address

SPIEGELFIRE, STEVEN SERIAL NO: 9410 COMMAND SQUAD 14

ONE MORE

Defendant No. 2

MANTOVANI, DOMINICK SERIAL NO 9786 COMMAND
Full Name

1st PRECINCT CHART: ORANGE SQUAD 27
Job Title

ARRESTING OFFICER

1st PRECINCT BALDWIN

Address

PHILBIN JOSEPH SERIAL NO: 9429 COMMAND SQUAD 28

NE MORE

Defendant No. 3

PIASECKI, MATTHEW SERIAL NO: 9719 COMMAND
Full Name

1st PRECINCT BALDWIN CHART ORANGE SQUAD 27
Job Title

ARRESTING OFFICER

Defendant No. 4

1st PRECINCT BALDWIN
 Address
SIERZANT. MICHAEL SERIAL NO: 9655 COMMAND SQUAD 14

DATTOMA NICHOLAS SERIAL NO 9286 COMMAND
 Full Name

1st PRECINCT BALDWIN CHART ORANGE SQUAD 14
 Job Title

ASSISTING OFFICER

1st PRECINCT BALDWIN
 Address

Defendant No. 5

LEDWITH. SEAN NO SERIAL NO 9302 COMMAND
 Full Name

1st PRECINCT BALDWIN CHART ORANGE SQUAD 14
 Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? MASSACHUSETTS 1st PRECINCT
BALDWIN NO SEPTEMBER AT 2315²⁴ JEFFERSON AVE ROOSEVELT NY 11575
MY COUSIN BROUGHT ME HOME AND
I WENT STRAIGHT TO THE BACK I WAS AWOKEN BY A KNOCK ON
 When did the events happen? (include approximate time and date) THE DOOR THEN I
HEARD BREAKING GLASS AND SEEN INFRARED LASER BEAMS WHEN
THE POLICE BROKE IN THE DOOR AND SAID LET ME SEE YOUR

Facts: (what happened?) HANDS I SHOWED THEM MY HANDS AND THEY TASED ME. THEY ALSO THREW ME TO THE FLOOR, THEY TOOK ME TO THE AMBULANCE, WHERE I WAS INJECTED WHEN THE POLICE SAID GO TO SLEEP I WOKE UP WITH TWO INJURIES BOTH HANDS BOTH KNEES AND BACK FROM BEING TASED AND THAT WAS THE FIRST PRECINCT BALDWIN AND THEY CAME LIKE A THIEVE IN THE NIGHT A VIGILANTE

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

YES NO OCTOBER 9 I WAS GETTING SURGERY BUT DID NOT MAKE IT SO MY BACK AND MY KNEES AND HANDS HAVE BEEN INJURED BY THE OFFICERS THAT ARREST ME I AM DOING REHABILITATION IN THE JAIL

III. Relief: State what relief you are seeking if you prevail on your complaint.

THAT I BE COMPENSATED IN THE AMOUNT OF
3,000,000 FOR MY PAIN AND SUFFERING,

I declare under penalty of perjury that on 2/9/18, I delivered this
(date)
complaint to prison authorities at NASSAU COUNTY JAIL to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 2/9/18

Ernest Curry
Signature of Plaintiff

NASSAU COUNTY CORRECTIONAL FACILITY
Name of Prison Facility or Address if not incarcerated

100 CARMAN AVE EAST MEADOW

Address

ICN# 85010278 NCJ# 8503045 CC 17006590
Prisoner ID#